

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/523503**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4			2			
5			2			
6				1		
7				1		
8				1		
9				1		
10				1		
11			1			
12				1		
13				1		
14				1		
15				1		
16				1		
17			2			
18			2			
19			2			
20				1		
21				1		
22				1		
23			2			
24			1			
25				1		
26				1		
27				1		
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37			1			
38				1		
39				1		
40				1		
41			2			
42				1		
43			2			
44			2			
45			2			
46			2			
47						
48						
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		31	←		←
TOTAL CLAIMS			35			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						